

Purpose of Diversion

The vast majority of detainees and inmates in U.S. jails and prisons with co-occurring mental health and substance abuse disorders are nonviolent, low-level offenders who repeatedly cycle through the criminal justice system in part due to the difficulties encountered by the justice, mental health and substance abuse systems in appropriately treating them.

Integrated services dealing with both substance abuse and mental illness as primary disorders are essential. With more effective integration, many of the nonviolent, low-level offenders (and some with certain lower-level violence charges) can be appropriately diverted from the criminal justice system and maintained by community-based services.

The best diversion programs see detainees as citizens of the community who require a broad array of services, including mental health and substance abuse treatment, housing and social services. Diversion programs are often the most effective way to integrate an array of mental health, substance abuse and other support services to break the cycle of people who repeatedly enter the criminal justice system.

Types of Jail Diversion

The term "diversion" in this context refers to specific programs where mental health and substance abuse interventions place people with mental illnesses in the community, instead of keeping them in jail. This intervention can occur through police de-escalation with psychiatric/medical treatment to dropping criminal charges, deferring prosecution, or by imposing conditions of bail or probation.

Pre-booking diversion occurs at the point of contact with law enforcement officers before formal charges are brought and relies heavily on effective interactions between police and community mental health and substance abuse services.

Post-booking is the most prevalent type of diversion program in the United States. These programs exist in arraignment courts and jails. Diversion program staff negotiate with prosecutors, public defenders, attorneys, community-based mental health and substance abuse providers and the courts to evaluate a person's eligibility for diversion. Together they develop and implement a plan that will produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges (whether or not a formal conviction occurs). The individual is then linked to an appropriate array of community-based services.

SAMHSA
Substance Abuse and Mental
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Jail Diversion

Knowledge Development and Application Program

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ARIZONA

The Arizona study is comparing 200 post-booking diverted individuals with 100 non-diverted individuals who meet eligibility criteria for diversion.

Interventions

Pima County (Tucson)

This diversion program has an intake worker from Pre-Trial Services interview a client in an area adjacent to the Pima County Jail. Pre-Trial Services then provides the court with a summary and proposed conditions of release; an Initial Appearance is scheduled within 24 hours. Pre-Trial Services then contacts the Community Partnership of Southern Arizona, which has a full-time criminal justice specialist who then develops, coordinates, and implements a diversion plan with community resources.

Maricopa County (Phoenix)

This post-booking jail diversion project works directly with prosecutors, public defenders, attorneys and judges to advocate for the treatment of recently arrested persons who have a serious mental illness. Identification is done at the jail and offers three tiers of diversion: "Release from Jail with Conditions," "Deferred Prosecution" and "Summary Probation." This program utilizes a data link with the County Sheriff's Office to identify clients currently enrolled in the mental health system.

CONNECTICUT

This is an evaluation of an arraignment court-based diversion program conducted in Hartford, Bridgeport, Stamford, New Haven, New London, and Norwich. Dually diagnosed individuals (n=100) diverted from courts in these cities will be compared with dually diagnosed individuals arraigned in courts with no diversion services (n=100).

Interventions

Mental Health staff are based in the first appearance court to divert offenders with co-occurring disorders. Strong relationships have been developed with judges, bail commissioners, public defenders, district attorney's, and sheriffs. Each morning, diversion staff receive a list from the Bail Commissioner's Office, which they compare with their database to identify who is currently in their system. Referrals are also taken from court personnel who recommend interviews based on behavior while individuals await their hearing. Staff interview defendants and develop a coordinated plan for diversion with the Public Defender and Bail Commissioner that is then presented to the judge. Diversion staff maintain case management from arraignment to disposition of charges. Following disposition, case management is referred to another treatment team in the mental health agency of the diversion staff or another community-based outpatient provider.

HAWAII

This project will compare 125 individuals in the pre-booking study group and 115 individuals in the post-booking study groups against 80-100 individuals booked on non-diversion sites on Maui and the Big Island.

Interventions

Kauai

This informal pre-booking program utilizes community connections to divert seriously mentally ill misdemeanants. Diversion staff includes a psychiatrist, nurse, social worker and social work supervisor, and program staff work closely with the emergency room physician.

Honolulu

Project Outreach is a pre-booking program with one staff person who is the single point of contact for police officers. This person arranges for individuals to be diverted from arrest and jail and creates linkages with community mental health services.

Honolulu Diversion Project. Helping Hands of Hawaii operates this post-booking diversion program via a subcontract administered by the Adult Mental Health Division of the Department of Health. Following arrest, clients at the Honolulu Police Department are interviewed and screened at the Oahu Intake Service Center. From the jail, clients are transported to the district courthouse where they are interviewed by a Diversion Case Coordinator who makes an eligibility determination for diversion before the 8:30 a.m. arraignment session. A plan is then presented to the judge and a designated Forensic Community Treatment Team assumes the case management role.

MARYLAND

This program is comparing 84 women with co-occurring disorders who are diverted prior to arrest to Phoenix Project with 84 women with co-occurring disorders who are not diverted to the Phoenix Project.

Interventions

The "Phoenix Project" for women springs from a highly successful post-booking program that focuses on dually diagnosed women and their children. Female consumers are diverted pre-arrest by the police and a Mobile Mental Health Crises Team giving women the option to access secure crisis housing and transitional housing that can accommodate them and their children.

This program includes: a formal interagency agreement linking local service organizations, regular interagency meetings, formal training for police, a Mobile Crisis Unit with 24-hour response capability, an integrated intensive mental illness/substance abuse disorder outpatient treatment program, case management services with 20:1 client-to-staff case loads, and transitional housing. Strong community partnerships and abundant housing options are hallmarks of this program.

NEW YORK

The NYC-SAMHSA Jail Diversion Research Program will study 200 detainees who are NYC-LINK program participants compared to 200 inmates who are matched on eligibility criteria.

Interventions

NYC-LINK is sponsored by the New York City Department of Mental Health. Its jail diversion program is currently run by the Health and Hospitals Corporation/Office of Correctional Health Services providing diversion, linkage and discharge planning to clients with co-occurring disorders who are in the NYC's correctional facilities and state prisons. "Linkage Planners" are based in NYC's correctional facilities and screen and assess potential clients through comprehensive assessment. A comprehensive integrated treatment plan for wraparound services is then developed for clients and "Transitional Counselors" prepare entitlements, take clients to community program interviews and remain intensively involved until the client is matched with appropriate services. Clients receive prescription medications and participate in peer support groups. Staff develop and implement integrated treatment plans and conduct client follow-up quarterly for two years.

OREGON – LANE COUNTY (EUGENE)

This post-booking diversion program will compare 100 diverted individuals in Lane County with 100 non-diverted individuals in the Marion County Jail.

Interventions

All inmates booked into the Lane County jail are screened for mental health and substance abuse problems. Persons identified are further assessed by the jail-based mental health staff and, in collaboration with the District Attorney and Public Defender's office, a diversion agreement is presented to the Drug Court. Participants are given one year to complete an integrated treatment program that is generally delivered in an out-patient setting. Persons requiring further stabilization can be hospitalized at the Lane County Psychiatric Hospital adjacent to the jail. A strong collaboration exists among law enforcement, corrections, the courts, the public mental health clinic, the psychiatric hospital and many private non-profit agencies in order to maximize wraparound services.

OREGON-MULTNOMAH COUNTY (PORTLAND)

This pre-booking diversion program is comparing 200 individuals identified by the police and brought into the Crisis Triage Center against 200 individuals identified at the Multnomah County Detention Center in their special unit for individuals with mental health issues.

Interventions

This program, modeled after Memphis, features a strong collaboration between the Multnomah County Police Department and the Crisis Triage Center where individuals with a co-occurring mental illness and substance abuse problems are diverted prior to arrest. The Center works with community-based organizations to develop plans for individuals following treatment.

PENNSYLVANIA

This diversion program will compare 100 individuals with co-occurring disorders who are diverted in Montgomery County with 100 individuals from the Correctional Mental Health Service at the Bucks County Correctional Facility.

Interventions

Montgomery County Emergency Services (MCES) offers both pre-booking diversion and post-booking diversion with a variety of dispositions to these cases that range from charges being dropped to returning the client to court to responding to the charges filed.

The diversion program is supported through police training, a 24-hour crisis response team, inpatient treatment, case managers and an outreach team. County Administrators and a local Task Force are also involved in diversion activities-both of which work closely with MCES to maximize multidisciplinary involvement in the diversion program. Montgomery County also has specialized probation case loads.

TENNESSEE

Two hundred individuals who are diagnosed with mental illness and substance abuse disorders and are diverted to "the Med" will be compared to 200 individuals with serious mental illness who are arrested and booked into the jail system.

Interventions

The Memphis pre-booking jail diversion program consists of Crisis Intervention Trained (CIT) Officers who function as part of the police regular patrol division and have received training in psychiatric diagnosis, substance abuse issues, de-escalation techniques, empathy training from mentally ill individuals and family members, legal training in mental health and substance abuse and information resources for those in crisis. The University of Tennessee's Medical Center ("the Med") has an established relationship with CIT officers and they accept all police referrals with no refusals. "The Med" offers mental health and medical treatment services 24 hours a day, seven days a week. Diversion staff at "the Med" work with community providers in developing and implementing appropriate treatment plans for discharged individuals.

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Background

In September 1997, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a three-year Jail Diversion Knowledge Development and Application (KDA) Program. This program forged a partnership between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) aimed at studying jail diversion programs that serve individuals with co-occurring disorders who come in contact with the criminal justice system. The results will determine when diversion works, for whom, and under what circumstances.

Program Structure

The Jail Diversion KDA funded nine project sites as well as a Coordinating Center, the Research Triangle Institute, which is responsible for overall program integration, data management, and data analyses. The KDA also funded the National GAINS Center for People with Co-Occurring Disorders in the Justice System, which provides technical assistance to the sites for systems integration and program development. The nine demonstration sites are located in: Arizona, Connecticut, Hawaii, Maryland, New York, Oregon-Lane County, Oregon-Multnomah County, Pennsylvania, and Tennessee.

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